

D.I. # \_\_\_\_\_

**CIVIL ACTION  
NUMBER:** \_\_\_\_\_

67cv82

U.S. POSTAL SERVICE  
REGISTERED MAIL RECEIPT(S)

7005 1820 0004 3169 7050

U.S. Postal Service <sup>TM</sup>	
CERTIFIED MAIL <sup>TM</sup> RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$ 63
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 488
Correctional Medical Services 1201 College Park Drive Suite 101 Dover, DE 19904	
Postmark Here	
07-82	
GMS	
Reverse for instructions	